Effective OCHObor1, 2003								10/08/09/3					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									YTITY	OR		R THAN. ENTITY	
TOTAL CLAIMS								RATE	FEE	]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	#385	ОЯ	BASIC FEE	3770	
T	OTAL CHARGE	m	inus 20=	•			X\$4]=		OR	X\$18:-			
Z	DEPENDENT (	ZLAIMS	i	ninus 3 =	•			X43-		OR	<b>7</b> %b=		
MULTIPLE DEPENDENT CLAIM PRESENT						·	145=		OR	+890±			
• }	the difference	e in column 1 iș	less than z	ess than zero, enter "0" in column 2				TOTAL		ÓR	TOTAL		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL	•	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER HUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	. 34	Minus	- 3	4	• —,	ŀ	x\$Q=		OR	X\$(8=	· ( ·	
AME	Independent	1. 2)	Minus	DEALDEATT	<u>CL AUA</u>			X(13=	<u> </u>	ОЯ	126.		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						'	+45:=	_	OŘ	₩0-		
•		L A	TOTAL	=	OR	TOTAL ADDIT. FEE	·						
	(Column 1) (Column 2) (Column 3)												
AMENDMENT'B.		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	USLY	PRESENT EXTRA	$\left  \cdot \right $	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	.25	Minus	- 0	$\Psi$	- /		x19-	/	OR	×\$ 8=		
AME	Independent	-2	Minus	*** (	<u>フ</u>	/		X43-		OR	X86=		
لــــا	PINST PHESE	NTATION OF ML	LIPLE DE	ENDENT	CLNIM			+145=	. •	OR	-290=		
		•			•.	• • • • • • • • • • • • • • • • • • • •	, <u>L</u>	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT: FEE	1	
	0	(Column 1)		(Colum	n 2)	(Column 3)	,	•	••••	•		•	
SMTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE.	
AMENDMEN	Total	.25	Minus	#3	9			x\$9=		QR	x\$ 8=		
ME	Independent	. 2	Minus	<u>ئ</u>	}	•		XB=		OR	x86		
? [	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM		-			ı			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
- 11	the "Highest Nur	nber Previously Pal	d For IN THIS	S SPACE IS I S SPACE IS I	ess than less than	: 20, enler "20." : 3, enler "3."		TOTAL DOIT, FEE			TOTAL DOIT, FEE		
1	had tabaat the	has Provide the Only	Ear Main a	Independen	il ie the	hinhest number	loun	d in the and	ropriale box	in colu	mg 1.		

PAIENT APPLICATION FEE DETERMINATION RECORD